

(X6) DATE:

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396095	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 03/30/2023
NAME OF PROVIDER OR SUPPLIER: SCRANTON HEALTH CARE CENTER STATE LICENSE NUMBER: 17720201		STREET ADDRESS, CITY, STATE, ZIP CODE: 2933 MC CARTHY STREET SCRANTON, PA 18505			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0000	INITIAL COMMENT	F 0000			
F 0550	Based on Abbreviated Complaint and COVID Focused Infection Control Survey completed on March 30, 2023, it was determined that Scranton Health Care Center was not in compliance with the following requirements of 42 CFR Part 483 Subpart B Requirements for Long Term Care Facilities and the 28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0550			
SS=D					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0550 SS=D	Continued from page 1 483.10(a)(1)(2)(b)(1)(2) Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.	F 0550	Resident CR3 was discharged prior to survey. Prior to discharge grievance process was followed and resident was satisfied with outcome. No ill effects noted to resident at time of event. To identify like residents with the potential to be affected, current residents with a BIMS of 12-15 were interviewed by Social Service Director/designee for call bell satisfaction. Residents were educated on rights during resident council. Those residents that did not attend were educated individually. Observation audits on current residents whose needs must be anticipated by staff was completed to ensure care is provided timely. To prevent this from happening again, DON/NHA/designee will educate all staff on call bell policy. To monitor and maintain ongoing compliance, the interdisciplinary team/designee will audit 10 random call bells 5 days a week for 4 weeks	Completion Date: 04/25/2023 Status: APPROVED Date: 04/12/2023	

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F 0550 SS=D	Continued from page 2 §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by:	F 0550	and monthly x 2 to ensure compliance. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations. To monitor and maintain ongoing compliance the DON/designee will complete observation audits on 5 random residents whose needs must be anticipated by staff 5 days a week x 4 weeks then monthly x 2 to ensure care is provided timely. The results of the audits will be forwarded to the facility QAPI committee for further review and recommendations.		

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F 0550 SS=D	<p>Continued from page 3</p> <p>Based on a review of clinical records and select investigative reports and staff interviews it was determined that the facility failed to provide care in an environment, which promotes each resident's quality of life by failing to respond timely to residents' request for assistance as reported by one resident out of 14 sampled (Residents CR3).</p> <p>Findings include:</p> <p>A review of Resident CR3's clinical record revealed admission to the facility on March 10, 2023, with a diagnosis of fractured left ankle.</p> <p>Review of a facility investigation dated March 25, 2023 at 11:05 a.m. indicated that the resident had voiced a complaint that she waited a long time for staff to</p>	F 0550			

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F 0550 SS=D	<p>Continued from page 4</p> <p>answer her call bell. The resident called 911 for assistance after no response from facility staff for 54 minutes. The local police arrived at the facility and interviewed the resident and the resident requested a copy of the police report.</p> <p>In response to the incident, the facility reviewed their surveillance video for that morning and verified that the resident activated her call bell at 10:14 a.m., but staff did not respond to the resident's call bell request until 10:58 a.m., 44 minutes later.</p> <p>Interview with the Administrator and Director of Nursing on March 30, 2023 at 12:45 p.m. confirmed that Resident CR3 waited 44 minutes for staff to respond to her call bell and a result of the long wait, the resident called 911 for help in getting</p>	F 0550			

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F 0550 SS=D	Continued from page 5 her needs met in the facility. 28 Pa. Code 211.12 (a)(c)(d)(4)(5) Nursing Services 28 Pa. Code 201.29 (j) Resident rights	F 0550			



Certified End Page

SCRANTON HEALTH CARE CENTER

STATE LICENSE NUMBER: 17720201

SURVEY EXIT DATE: 03/30/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY